

COLLEGE OF THE SISKIYOU

Procedure Manual

Title:	Personal Care Attendants (PCA) for Students with Disabilities
Adoption Date:	August 6, 2013
Responsible Area:	Student Learning
Responsible Office:	Disabled Student Programs and Services
Reference:	BP 5140; Title 5, Sections 56000 et seq.

It is the policy of the Siskiyou Joint Community College District that no qualified student, who may be reasonably accommodated on the basis of a disability, be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination regarding, any academic, research, occupational training, housing, health insurance, counseling, financial aid, athletics, recreations, other extra-curricular or education program or activity provided by the District. In order for some students with disabilities to benefit from those activities, they may need their Personal Care Attendant (PCA) to assist them in the classroom.

- A) A PCA is a person who assists the student with a disability in a personal, not academic, nature. A PCA's sole function is to address the student's disability-related personal care needs (e.g. toileting, mobility assistance, dispensing medication, etc.).
- B) A qualified student who requires a PCA must make arrangements to provide for his/her own personal attendant care service. The District does not assume coordination or financial responsibilities for PCA services.
- C) A PCA, who has been authorized by DSPS, will be allowed to provide their services in the classroom. A PCA is not considered a student, and the PCA's participation in class is limited to assisting the student's accessibility needs (e.g. turning pages, getting out supplies, etc.).
- D) A PCA does not act on behalf of the student with instructors, students, or staff. A PCA shall not engage in instructional activities, provide academic support, or in any way influence the student's learning during class time. Students should arrange for an impartial PCA who is not a family member or close friend. Students who have concerns about meeting course requirements are encouraged to meet with a COS counselor or advisor to discuss issues related to course rigor and college readiness.
- E) PCAs are required to follow all College policies and regulations. Failure in abiding by the agreed upon role of a PCA or following all College policies and regulations will result in the PCA's presence on campus being limited or denied.
- F) The student must give timely notification to the DSPS office if requesting that a PCA accompany him/her in class so that DSPS is able to consider the request and, if approved, notify faculty in advance. The student is responsible for notifying and obtaining approval from DSPS regarding any PCA personnel changes.
- G) The student and the attendant will sign the Personal Care Attendant Agreement. Copies will be provided to the student, attendant, instructor(s) and the DSPS office (or other appropriate offices).

**College of the Siskiyous
 Disabled Students Programs & Services (DSPS)
 Request for Personal Care Attendant (PCA) Assistance in the Classroom**

Name of Student:	SID#: S000
Today's Date:	Phone #:
Address:	Email:
City, State, Zip:	

The above student is requesting an extra seat for the use of a PCA during the following semester:

Please circle semester and enter year: Summer Fall Spring Yr: _____

For the following COS classes:

Course Number & Title	CRN #	Instructor
<i>Ex. ENGL 0950-Fundamentals of Composition</i>	<i>1234</i>	<i>Dr. O. English</i>

The following agency or individual is responsible for hiring, training, and supervising the attendant:

Name of Agency/Person:	Contact Person:
Address:	Phone #:
City, State, Zip:	Email:

Personal Care Attendant Authorization

For DSPS Office Use Only:

Verification requirements met:

- The individual requesting this authorization is currently registered with DSPS and has met with the DSPS Director/Counselor, or Designee. Date: _____ Initials: _____

- Evidence of how the limitations relate to the need for a Personal Care Attendant as a reasonable accommodation in a college setting. Date: _____ Initials: _____

The following DSPS Director/Counselor or Designee is authorizing the request for a PCA.

Signature:	Printed Name:
Title:	Date:
Date Notified Student:	Date Notified Instructor(s):

Please submit to the DSPS office at: College of the Siskiyous, 800 College Avenue, Weed, CA 96094

College of the Siskiyous

Disabled Students Programs & Services (DSPS)

Personal Care Attendant Agreement

It is the student's responsibility to:

- A) Submit appropriate disability documentation to DSPS. The verified disabling condition and resulting educational limitations must support the necessity of having a PCA accompany the student in the classroom.
- B) Ensure that each PCA registers with the DSPS office and completes a Personal Care Attendant Agreement each academic term.
- C) Ensure that if personnel changes occur during the term, the new PCA will register with the DSPS office and sign a new PCA Agreement form.
- D) Direct the activities of the PCA in the classroom (limited to non-academic activities as described above).
- E) Follow COS's policies, regulations, and procedures.

Personal Care Attendants are:

- A) Responsible for personal care duties such as turning pages, retrieving books, taking off coats, etc. DSPS staff, not the Personal Care Attendant, will be responsible for assuring that all classroom accommodations such as note-taking, or interpreting are provided.
- B) To remember that any problems or concerns about the student's performance or attendance should be directed to the student.
- C) Not responsible for the student's progress or behavior.
- D) To avoid non-related classroom conversations with the student during class.
- E) Expected to encourage their clients to actively participate in the class or in conversations between the student and faculty, staff, and/or other students and remain neutral and silent throughout any of these exchanges.
- F) To avoid discussing any confidential information about the student with faculty, staff, and/or other students.
- G) Expected to follow the College's Student Code of Conduct.

I understand and agree to the guidelines as outlined above.

Student Signature: _____ Print Name: _____ Date: _____

PCA Signature: _____ Print Name: _____ Date: _____

DSPS Signature: _____ Print Name: _____ Date: _____

Please submit to the DSPS office at: College of the Siskiyous, 800 College Avenue, Weed, CA 96094